



Idaho Quest® Card

Disclosure Statement and User Agreement for Child Support Payments

Idaho Department of Health & Welfare

March 2000

Where Payments Will Go

If you are selecting the Idaho Quest® card payment system for your child support payments, your payments will go into your Idaho Quest® Card account. Thank you for reading the following information.

The laws and regulations of the child support program govern your child support payment rights and obligations. If you have any questions about your child support rights and obligations, call 1-800-356-9868.

This Idaho Quest® Card Disclosure Statement and User Agreement governs your Idaho Quest® Card rights and obligations. Please read it carefully. These terms are used in the agreement:

- The words “you” and “your” refer to the person authorized to use the Idaho Quest® Card to access child support payments.
- The words “we”, “us” and “our” refer to the State of Idaho, Department of Health and Welfare, its contractors, and their subsidiary corporations providing the Idaho Quest® Card system.
- The word “Card” means the Idaho Quest® Card you will use to access your benefits.
- “Business Days” or “Business Hours” are Monday through Friday, 8:00 am to 5:00 pm. Weekends and bank holidays are not included.
- The word “Agreement” refers to this Idaho Quest® Card Disclosure Statement and User Agreement.

Terms and Conditions

By selecting the Idaho Quest® Card option, you accept the terms and conditions of this Agreement. Please keep a copy of it for your records.

1. CARD ISSUANCE AND RESPONSIBILITIES.

We will issue you one card and a Personal Identification Number (PIN). (If you wish to select your own PIN, contact your local Health and Welfare Office.)

For security reasons, only you will know your PIN. It is not printed on the card. You must not transfer the card and PIN to anyone else. They are for your protection and identification during card-related transactions at participating ATMs and retailers. If you forget your PIN, call us at 1-888-432-4328.

If you want to authorize another person to access your account, we will issue them a separate card and PIN.

Remember, you may not have claims for withdrawn funds if you:

- Authorize another person to have a card on your account.
- Voluntarily tell your PIN to another person.

By selecting the Idaho Quest® Card, you agree to:

- Use the card and the PIN as instructed.
- Promptly tell us about any loss or theft of the card or involuntary disclosure of the PIN.
- Accept liability for misuse of the card and PIN as described in Section 4 below.

2. CARD USES, LIMITATIONS, CHARGES. USES:

You can use your card at participating retailers and automatic teller machines (ATM). Participating retailers and ATMs display the Quest logo. With your card and PIN you may:

- Withdraw cash through participating retailers or ATMs.
- Pay for purchases at participating retailers.
- Check your available balance through ATMs or at a participating retailer’s point-of-sale device.

LIMITATIONS:

- You cannot access more funds than your available balance. Your transaction will not process if you do not have a balance to cover the charge.
- If by mistake an ATM issues more funds than you have available, you may be liable for the over-issuance under the applicable laws.

CHARGES:

- All ATM charges are automatically deducted from your balance.
- There is usually no charge for using the card at retailers. Be aware that retailer practices vary. Some retailers may charge a transaction fee.
- You can use the card without charge to check your account balance at ATMs.
- You will be charged eighty-five cents (\$0.85) for each withdrawal transaction you make at an ATM. Some ATMs warn you of a larger fee. Do not use these ATMs unless you are willing to have the fee deducted from your balance.
- Note that you can learn your balance at anytime at no charge by calling 1-888-432-4328. Please have your card available when you call.

3. DOCUMENTATION OF TRANSACTIONS.

RECEIPTS:

You will normally get a receipt each time you use the card. Some receipts will show your remaining balance as well as the details of the completed transaction. Receipt information depends on the capabilities of the equipment used at that location.

STATEMENTS:

You can request a written history of account activity. This covers the 60 days before the date of your request. Contact your local Health and Welfare Office to request a written history of account activity. You can request the account history orally or in writing.

4. LIABILITY FOR UNAUTHORIZED TRANSACTIONS

You agree to use the card as outlined in this agreement. Tell us at once if:

- Your card is lost.
- Your card is stolen.
- Someone has possibly learned your PIN.

Telephoning us promptly is the best way to keep your losses to a minimum.

- If you tell us within two (2) business days, you cannot lose more than fifty dollars (\$50) if someone uses your card without your authorization.

- You can lose as much as five hundred dollars (\$500.00) if:

- You **do not** tell us within two (2) business days after you learn of the loss or theft of your card.
- We can show how you could have prevented the unauthorized transactions if you had promptly told us.

You can report your card lost or stolen at any time, including non-business days. Call 1-888-432-4328.

5. OUR LIABILITY.

We agree to complete transfers to or from your account on time, and in the correct amount. If we do not, we are liable for your losses or damages. There are some exceptions. We are not liable if:

- Through no fault of ours, you do not have enough money in your account to make the transfer.
- The ATM does not have enough cash.
- The terminal was not working properly, and you knew about the breakdown when you started the transfer.
- Circumstances beyond our control (such as fire or flood) prevent the transfer.
- Funds are encumbered through legal process.
- We receive incomplete or inaccurate information from governmental or other sources.

6. DECEASED CARDHOLDER.

The Executor of the Estate or legal heir may access child support funds after the death of the cardholder by contacting the Idaho Department of Health and Welfare, providing legal documentation, and requesting an Idaho Quest® card.

7. IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR TRANSACTIONS.

Telephone us at 1-888-432-4328 (preferred method to contact Citicorp), or write:

**Citicorp's Idaho Child Support Program
P.O. Box 30201
Tampa, FL 33630**

Contact us if you:

- Think your receipt has been printed incorrectly.
- Need more information about a transfer listed on the receipt.

We must hear from you no later than sixty (60) days after the date of the receipt. When you contact us you must:

- Tell us your name and card number.
- Describe the error or the transfer you are unsure about.
- Explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.
- Tell us when the error occurred.

If you tell us orally, you must send us your complaint or questions in writing within ten (10) business days. We will tell you the results of our investigation within:

- Ten (10) business days after we hear from you, if the transaction was at an ATM.
- Forty-five (45) business days, if the transaction took place at a retailer in Idaho.
- Ninety (90) business days, if the transaction was at an out-of-Idaho ATM or retailer.

We will try to correct any error promptly. If we need more time, we may take up to 45 calendar days to investigate your complaint or question. If we decide to do this, we will re-accredit your account balance within ten (10) business days for the amount you think is in error. You will have use of the money while we complete the investigation.

If we ask you to send your complaint or question in writing, and we do not receive it within ten (10) business days, we may not re-accredit your account balance.

If we decide there is no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

8. AMENDMENTS.

We may cancel, amend or change the terms of this agreement after giving you thirty (30) days notice. We will send notice, required by this agreement, mailed to your card address of record. You must promptly notify the Department of any change of address.

9. CANCELLATION OF AGREEMENT.

You may cancel this agreement at any time.

- You must give us written notice of cancellation.
- Your cancellation is effective two (2) business days after you give back the card.
- You remain responsible and liable for any transactions started before the effective date of cancellation.

The card is the Department's property. You agree to give it back upon our demand.

10. DISCLOSURE OF BENEFIT INFORMATION.

We will keep information about your transactions and balances confidential. We will only give information to third parties:

- If you give us permission.
- To complete your card transactions.
- To comply with government agency or court orders. (In this case we will normally send notice of disclosure to your address, unless we are directed not to notify you. In some cases another governmental agency will send notice of disclosure.)

11. LEGAL PROVISIONS.

This agreement is interpreted and enforced under the:

- Laws of the State of Idaho.
- Rules and regulations of the federal government.
- Rules and regulations of any governmental agency administering your child support programs.

If any provision of this agreement is held invalid under law, only that provision is invalid. The remainder of this agreement stays valid.

Child Support Program
Idaho Department of Health and Welfare
450 West State Street
P.O. Box 83720
Boise, ID 83720-0036

